

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-000835

STATE FILE NUMBER

DATE
FILED

AMENDED

77
FILED JAN 12 1962

3016 Registrar's No.

6

DATE AMENDED	
INSTEAD OF	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
BY AFFIDAVIT OF	
SHOULD READ	
ITEM NO.	

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Prairie Home	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL-OR INSTITUTION Charles Still Hospital		d. STREET ADDRESS (If outside, give location) Prairie Home, Missouri	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Wilma Frances Middle McDaniel Last McDaniel		4. DATE OF DEATH Month January Day 2 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 20 1920
9. AGE (last birthday) 41		IF UNDER 1 YEAR Months 4 Days 12 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lee Ritchie		13b. MOTHER'S MAIDEN NAME Edna A. Dishon	
14. NAME OF HUSBAND OR WIFE Arthur McDaniel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv no	
16. SOCIAL SECURITY NO. 		17. INFORMANT Arthur McDaniel Address Prairie Home, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Monocytic Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION 	
20g. COUNTY 		20h. STATE 	
21. I attended the deceased from 1/2/62 to 1/2/62 and last saw her alive on 1/2/62 Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. Michael (Degree or title) DO		22b. ADDRESS Jefferson City	
22c. DATE SIGNED 1/2/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1-4-62		23c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
23d. LOCATION (City, town, or county) Near Prairie Home, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Albert Hornbeck		25. DATE RECD. BY LOCAL REG. 3 January 1962	
26. ADDRESS Prairie Home Mo		27. SIGNATURE R. H. Michael, Dep.	

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1963
MAR 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mr. L. W. Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mead

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.